

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1		/		
2		/		
3		/		
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TOTAL IND.



TOTAL DEP.

TOTAL CLAIMS

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS